[Local Match Funder Letterhead]

From: [Local Match Contact Name]

[Local Match Agency Name]

[Street Address]

[City, State, Zip]

Date: [Today’s Date]

To: Gail Brodie

 California Department of Education

 Early Education and Support Division

 Quality Improvement Office

 1430 N Street, Suite 3410

 Sacramento, CA 95814

Re: Approval of Local Match dollars for CCIP State Match funding

R&R Agency Receiving Funding:

[Contact Name]

[Agency Name]

[Street Address]

[City, State, Zip]

[Agency Vendor Code]

Dear Ms. Brodie,

This letter is to inform you that [Local Match Agency Name] supports the use of our [Local Match Dollar Amount] contribution to [R&R Agency’s Name] for the purpose of recruitment, training, and/or retention of family child care providers participating in the California Child Care Initiative Project (CCIP), in [County Name or service area] from July 1, 2017 to June 30, 2018.

Sincerely,

[Local Match Contact Name]

[Local Match Contact Title]